

SALES & SERVICES ASSOCIATE ACADEMY

Module 6:
Solutions - Part Two



Extra Services

- Proof of mailing: Certificate of Mailing and Certified Mail®.
- Protection in transit: Insured Mail, COD, and Registered Mail®.
- Confirmation of delivery: Collect on Delivery (COD), USPS Tracking®, Signature Confirmation™, Restricted Delivery, and Return Receipt.
- Service after mailing: Merchandise Return Service.



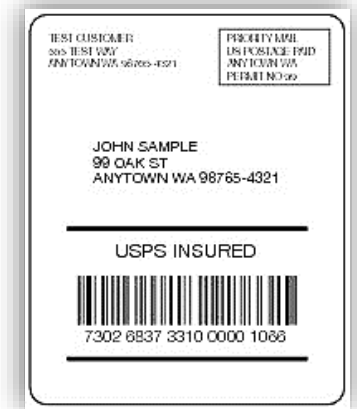
USPS Tracking®

- Free with PME, PM, FCM Package Service - Retail®, USPS Ground Advantage - Retail™, Library Mail and Media Mail® parcels (Parcel Select® and USPS Marketing Mail® parcels available with electronic option).
- Available domestically and for most APO/FPO destinations and any U.S. territory or possession.
- Provides date, ZIP Code™, and time article delivered/attempted.
- May be combined with other Extra Services.



Insured Mail Service

- Indemnity coverage for merchandise if item is damaged or lost.
- May purchase up to \$5,000.
- Price based on declared value.
- Reimbursement for actual value (less depreciation) at time of mailing, repair costs, or insurance amount purchased, whichever is less.
- Insurance included with: Priority Mail Express® (\$100), Priority Mail® (\$100), Commercial Plus (\$100), COD, USPS Ground Advantage – Retail™ (\$100), and Registered Mail® (\$100).
- Additional purchase with PME, PM, and as Extra Service for First-Class Mail®, USPS Marketing Mail® parcels, USPS Ground Advantage – Retail™, Package Services, or a small package weighing 13 ounces or less.
- FCM letters and flats cannot be insured.



Extra Services with Insured Mail Service

- Can be used with:
 - USPS Tracking®.
 - Signature Confirmation.
 - International Parcel Airlift Service (IPAL)®.
 - Return Receipt.
 - Restricted Delivery.
- Purchase at Post Office, Self-Service Kiosk, or usps.com®.
- Purchase up to \$5,000 indemnity coverage.



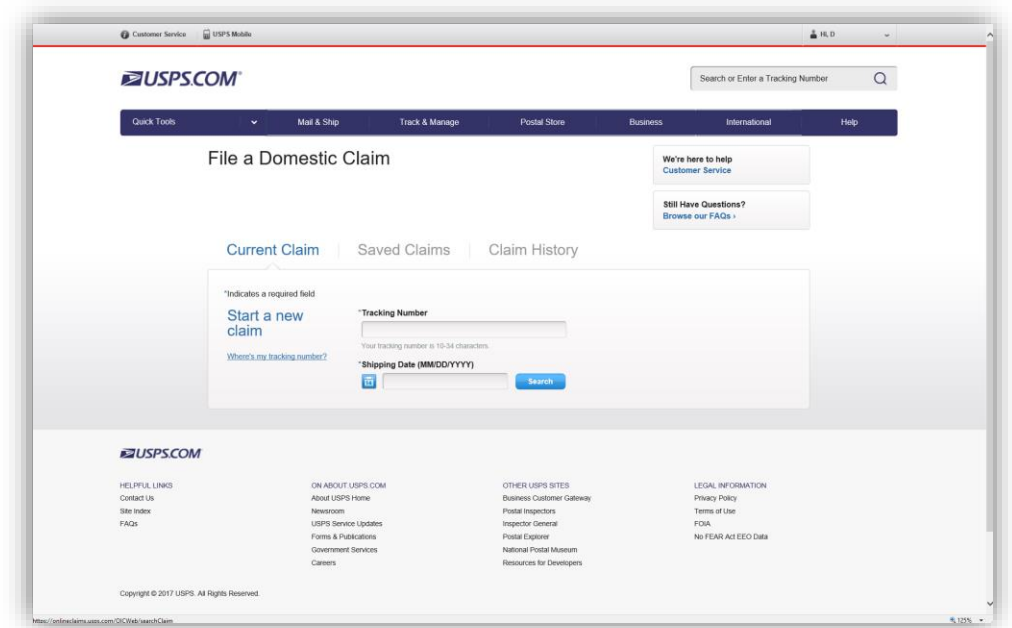
Insurance Forms

- No additional forms needed at RSS/RSS-BP offices; appropriate service type code embedded within Intelligent Mail Package Barcode® (IMpb®).
- Manual offices:
 - PS Form 3813, *Domestic Insured Mail Receipt* – insured for \$500 or less.
 - PS Form 3813-P, *Domestic Insured Mail Receipt* - insured over \$500 up to \$5,000. Signature obtained at time of delivery.
 - Customer completes receipt portion of form.
 - Customer completes *Sent To* section and retains original receipt for claims.
- Place forms on address side, above delivery address, right of return address or left of delivery address (online purchase must include Insured marking).
- Cannot use precanceled stamps to pay fees for service.



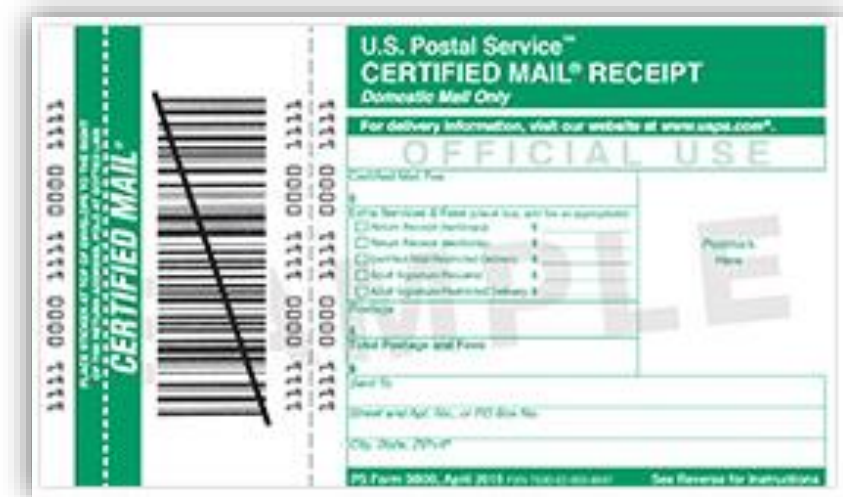
Delivery of Insured Items

- Scan all insured items picked up at your window.
- If insured for over \$500, obtain signature of receipt and maintain record of delivery.
- Mailpieces returned to sender if not claimed within 15 days from first attempted delivery (unless endorsement indicates otherwise).
- Customers may file a claim for lost or damaged items online at usps.com[®] or by mail.



Certified Mail®

- Provides proof of mailing and date/time item delivered or attempted.
- Must be requested at time of mailing.
- Can only be combined with domestic First-Class Mail® and Priority Mail®.
- Available for APO/FPO destinations.
- May add Restricted Delivery Service and/or Return Receipt Service.



PS Form 3800, Certified Mail Receipt

- Form provides mailing receipt and a unique identifier number.
- Receipt portion must be completed when mailpiece is presented.
- Calculate postage and fees, enter information on PS Form 3800 and round date in POSTMARK HERE section.
- Ensure sufficient postage is affixed.
- If requested, indicate time article accepted on receipt.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	3.50
\$	
Extra Services & Fees (check box, add fee)	2.80
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	.55
\$	
Total Postage and Fees	6.85
\$	

Sent To
John Doe
Street and Apt. No. *123 Elm St*
City, State, ZIP+4® *Cityville, OK 73000*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

ANYTOWN OK 73100
Aug 31 2019
USPS Main St Station

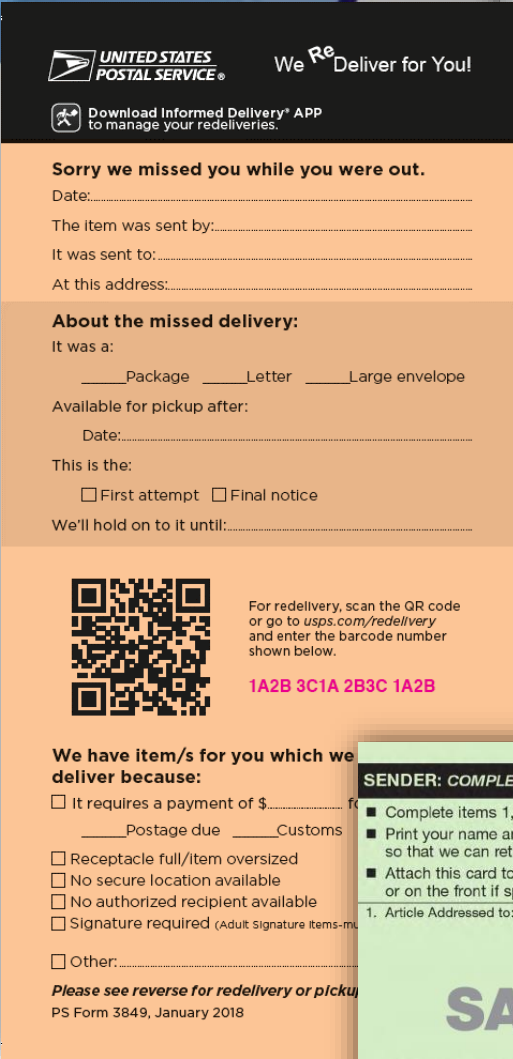
PS Form 3800

- Customer completes SENT TO section and retains original receipt.
- Place on address side, above delivery address and right of return address or left of delivery address.
- Fold form on dotted line over top edge of mail.
- Fees are in addition to postage and other Extra Service fees.
- No precanceled stamps for payment.



Delivering Certified Mail

- Obtain signature from addressee.
- PS Form 3849, *Delivery We ReDeliver for You*, is left at delivery address if attempted.
- Addressee signs PS Forms 3849 and 3811, *Return Receipt*, if affixed, or on CDU in RSS office.
- Articles held maximum of 15 days unless mailer endorsement.
- Verify customer ID before delivery.




UNITED STATES POSTAL SERVICE® We ^{Re} Deliver for You!

Download Informed Delivery® APP to manage your redeliveries.

Sorry we missed you while you were out.
 Date:.....
 The item was sent by:.....
 It was sent to:.....
 At this address:.....

About the missed delivery:
 It was a:
 Package Letter Large envelope
 Available for pickup after:
 Date:.....
 This is the:
 First attempt Final notice
 We'll hold on to it until:.....

 For redelivery, scan the QR code or go to usps.com/redelivery and enter the barcode number shown below.
1A2B 3C1A 2B3C 1A2B

We have item/s for you which we deliver because:
 It requires a payment of \$..... for _____ Postage due _____ Customs
 Receptacle full/item oversized
 No secure location available
 No authorized recipient available
 Signature required (Adult Signature Items-mu)
 Other:.....
Please see reverse for redelivery or pickup
 PS Form 3849, January 2018

Choose one option for redelivery or pickup.


1. Go online to [USPS.com/redelivery](https://usps.com/redelivery)
2. Let your carrier know when and where you'd like them to leave the item, then leave this form in your mailbox.
(Sorry, not an option for Restricted Delivery or Adult Signature Items)

Please redeliver on this date:..... and leave at (check one):
 Front door Back door Porch Garage
 Other:.....

3. Go to your local Post Office™, located at:
West Springfield Post Office
6200 Rolling Rd
Springfield, VA 22152-9998
4. Sign up to manage your redeliveries at [Informedelivery.com](https://informedelivery.com)
5. Send someone to serve as your representative to pick it up for you at your local Post Office. Sign below and provide the name of the person you want to pickup the item.
 Addressee signature:.....
 Name of representative:.....
6. Call us at 800-ASK-USPS (800-275-8777).

Delivery Section

Signature	X	<i>Customer Signature</i>
Printed Name		



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAMPLE

2. Article Number (Transfer from service label)
 9590 9401 0000 5191 0000 12

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Customer Signature* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

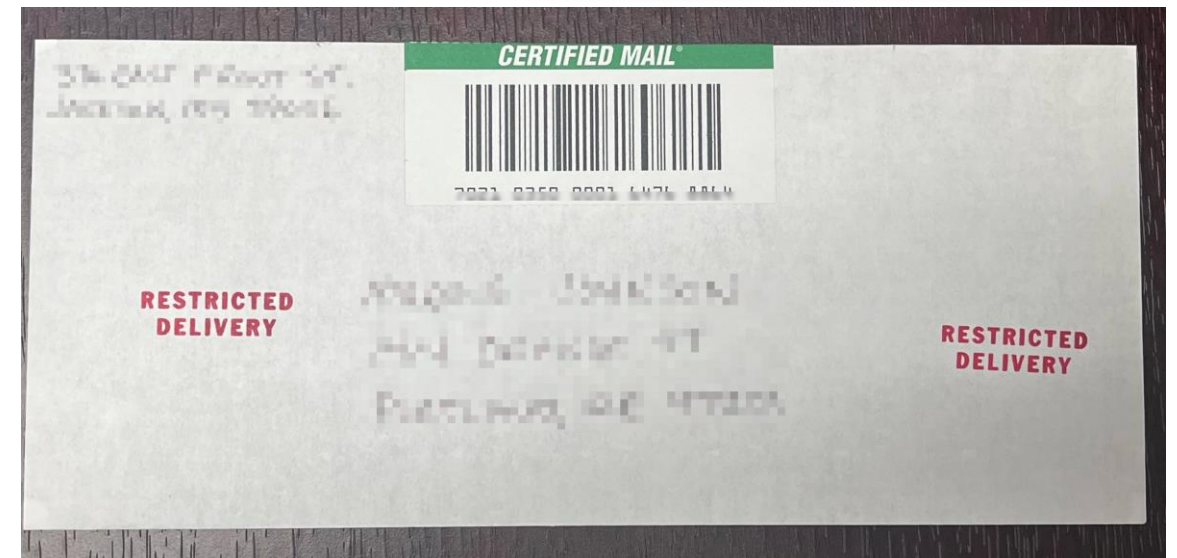
3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Restricted Delivery with Tracking

- Addressee must be identified by name.
- Items for minors may be delivered to parents/guardians.
- Endorse **RESTRICTED DELIVERY** in addition to other required Extra Services information.
- Place endorsement above address and to the right of return address.
- Additional fee to an Extra Service and postage paid at the time of mailing.



USPS Tracking Labels

- Can use own barcode labels or USPS printed barcode labels (Label 400 or PVI).
- Place label on address side above delivery address and right of return address.
- Label cannot bend around package edge.
- Barcode must be horizontal to length.
- Do not cover with tape or plastic wrap.



Registered Mail®

- Most secure service USPS® offers.
- Utilizes system of receipts to monitor movement of mailpiece from acceptance to delivery.
- Kept separate from other mail.
- Must be securely sealed by customer.
- You cannot assist customer in preparation or sealing articles (requirements in place to prevent tampering).
- No envelope or mailer made of plastic, glossy paper, spun-bonded olefin (such as Tyvek), or substance that will not absorb ink seal.



Registered Mail® Fees & Extra Services

- FCM or PM price plus additional fees for Extra Services and registry
- Can combine with Collect on Delivery (COD), USPS Tracking®, Signature Confirmation™, Return Receipt, and Restricted Delivery.
- Insurance provided for articles valued from \$0.01 up to \$50,000.
- Postal insurance limited to declared value.
- Articles valued between \$50,000 and \$15,000,000 must be charged appropriate handling fee. Fee charged for every \$1,000 over first \$50,000 or fraction.
- Fees for articles valued over \$50,000 are for handling only.

Registered Mail	
Declared Value	Fee (in addition to postage)
\$0.00	\$16.80
0.01 - 100.00	17.55
100.01 - 500.00	20.20
500.01 - 1,000.00	22.55
1,000.01 - 2,000.00	24.90
2,000.01 - 3,000.00	27.25
3,000.01 - 4,000.00	29.60
4,000.01 - 5,000.00	31.95
5,000.01 - 50,000.00	31.95 plus \$2.35 per each \$1,000.00 or fraction thereof
Over \$50,000	\$137.70

Customers must declare the full value of Registered Mail items. Items with declared value of more than \$50,000 can be mailed with Registered Mail extra service, but insurance compensation for loss, damage, or missing contents is limited to \$50,000

PS Form 3806, *Receipt for Registered Mail*

- Completed for each registered article.
- Customer completes TO and FROM sections, declares full value at time of mailing and records on form.
- Verify proper completion of form.
- Write the Registry Number in block two, Article Number, on PS Form 3811.
- Determine postage, Registered Mail® fees, and other Extra Service fees. Record amounts in appropriate sections.
- Provide receipt copy, *Copy 1 – Customer.*



Registered No. 77000000000000000000		Date Stamp
To Be Completed By Post Office	Postage \$ 5.66	Extra Services & Fees (continued)
	Extra Services & Fees	<input type="checkbox"/> Signature Confirmation \$
	<input checked="" type="checkbox"/> Registered Mail \$23.20	<input type="checkbox"/> Signature Confirmation Restricted Delivery \$
	<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.80	
	<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Restricted Delivery \$	Total Postage & Fees \$ 31.66	
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	Customer Must Declare Full Value \$ 4675.00	Received by DOA
	OFFICIAL USE	
FROM	<i>Jane Doe</i>	
	<i>123 Main St Centerville, MO 63000</i>	
TO	<i>John Doe</i>	
	<i>123 Elm St Cityville, OK 73000</i>	
PS Form 3806, Registered Mail Receipt April 2015, PSN 7530-02-000-9051 For domestic delivery information, visit our website at www.usps.com ®		Copy 1 - Customer (See Information on Reverse)



Label 200, Registered Mail

- Designates articles as Registered Mail®.
- Preprinted, red and white, self-adhesive, barcoded label with sequential serial number.
- PS Form 3806, *Registry Number* must match Label 200 applied to article.
- Return Receipt Service with Registered Mail® must include a completed PS Form 3811, *Domestic Return Receipt*.



USPS TRACKING#
9590 9401 0000 5191 0000 12

United States Postal Service

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

* Sender: Please print your name, address, and ZIP+4® in this box*

Jane Doe

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
John Doe
123 Elm St
Cityville, OK 73000

2. Article Number (Transfer from service label)
7700 0000 0000 0000 0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x John Doe Agent Addressee

B. Received by (Printed Name)
John Doe

C. Date of Delivery
08/31/2019

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

Round Date

- Articles must be properly round date stamped.
- Round date stamp letter-sized envelopes at all seams on back of envelope.
- Ensure article is round date stamped at crossing of upper and lower flaps.
- Round date stamp flats and parcels on all seams.
- Items sealed with paper tape are round date and stamped across opposite edges of tape strips.




Round date stamped seams on back of envelope flaps



Registered Mail® Acceptance

- Record article number and office of origin on PS Form 3854, *Manifold Registry Dispatch Book*.
- Secure in locked designated area until ready for dispatch.
- Maintain individual employee accountability of Registered Mail® at all times.

Lock No. _____ Rotary No. _____ Jacket No. _____ Control No. _____
 Bill No. _____ Page No. _____ Airmail _____ Seal No. _____
 To _____
 (P.O. or R.P.O. and Tr. No.)

REGISTERS

 Dispatching Office

Reg. No., Jacket, Lock or Seal Nos.	Office or ZIP of Origin. Use only for Jacket, Lock, or Seal Numbers. Not required for individual Reg. Nos.	Reg. No., Jacket, Lock or Seal Nos.	Office or ZIP of Origin. Use only for Jacket, Lock, or Seal Numbers. Not required for individual Reg. Nos.
1. 7700 0000 0000 0000 0000	Norman, OK 73069	16.	
2. 7700 0000 0000 0000 0010	Norman, OK 73069	17.	
3. 7700 0000 0000 0000 0020	Norman, OK 73069	18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	

Bill No. _____
 A.M. Rte. & Fit. No. _____
 Jacket No. _____
 Lock No. _____
 Rotary No. _____
 Seal No. _____

Received articles described on above-specified bill from dispatching office named in postmark.

Receiving Clerks _____

(Use back for reporting irregularities or discrepancies.)

A total of _____ articles sent by this dispatch
 POSTMASTER, _____ M. _____
 Dispatching Clerk. _____
 Postmark of _____
 Dispatching Office

A total of _____ articles received in this dispatch
 POSTMASTER, _____ M. _____
 Receiving Clerk. _____
 Postmark of _____
 Receiving Office

PS Form 3854, April 1985

Counter Activity



Role-play SSA and customer at the counter.

Collect on Delivery (COD)

- Used to mail merchandise for which the mailer has not received payment.
 - COD amount can include cost of postage and handling if the mailer requests it.
- Recipient pays at time of delivery.
- Can be used when customers do not have access to a credit card.
 - Benefits mailer and recipient.
 - USPS collects payment and reimburses sender same or next business day after article delivered.
- Articles covered against loss or damage and recipients can pay by cash, check, debit card, or Money Order.



COD Eligibility

- Used with PME, PM, USPS Ground Advantage - Retail® and Package Services.
- Articles sent to APO/FPO address, including official mail to Armed Forces agencies are not eligible.
- May be used with USPS Ground Advantage
 - Retail if:
 - Item has complete name and address of mailer and addressee.
 - Mailer guarantees to pay any return postage.
 - Goods shipped are ordered by the address.
 - Maximum amount of indemnity for failure to collect or issue payments \$1,000.



COD Extra Services

Extra Services that may be combined with COD:

- Return Receipt.
- Restricted Delivery.
- USPS Tracking®.
- Registered Mail®.
- Signature Confirmation™.

DELIVERY EMPLOYEE - Remove Copies 1 & 2 at Time of Delivery
Write firmly to make all copies legible.

Collect the amount shown below if the customer pays by:
CHECK OR MONEY ORDER (MO) made payable to the mailer. **CASH** or pin debit card **mailed by an EFT participant** (online or commercial only). **CASH** (includes MO fee or fees).

Check/MO	EFT	Cash
\$	\$	\$

Check # (if applicable) _____
 Registered Mail™ Service Priority Mail Express® Service
 Remit COD Charges to Sender via: Priority Mail Express Service Electronic Funds Transfer (EFT)

Date of Mailing: _____ USPSA Number: _____
 From: _____ To: _____

Options for Receiving:
 Hold For Pickup (Priority Mail Express Only)
 Street Delivery

COD

SAMPLE

Delivered By: _____ Date Delivered: _____ Check Number: _____
 Date Payment Sent to Mailer: _____ MO Number(s): _____

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
John Doe
123 Elm St
Cityville, OK 73000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 John Doe Agent Addressee

B. Received by (Printed Name)
John Doe

C. Date of Delivery
08/31/2019

D. Is the delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

Type:
 Signature Restricted Delivery
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise
 Delivery Signature Confirmation™
 Signature Confirmation Restricted Delivery
 Registered Delivery

Domestic Return Receipt

Copy 1 - Delivery Unit

is by check, enter check number above.
 Enter sign PS Form 3849.

USPS TRACKING #

 <DeliveryConfirmationNumber>
 Electronic Rate Approved # 699320

UNITED STATES POSTAL SERVICE®
REGISTERED MAIL™


 7700 0000 0000 0000 0000
 Label 200, August 2005 PSN 7690-03-000-9311

PS Form 3816, COD Mailing & Delivery Receipt

- 6-part form used to document acceptance and delivery is completed in ink, typewritten, or computer-generated.
- Articles identified by number on each copy of PS Form 3816. Form must show article number, name and address of mailer and recipient, and amount due mailer.
- If a Money Order is used to remit payment to the mailer, amount of money order fee must be included, mailer may not stipulate Cash Only as a payment.
 - Copy 1, *Delivery Unit*.
 - Copy 2, *Payment*.
 - Copy 3, *Mailer*.
 - Copy 4, *Mailing PO*.
 - Copy 5, *Addressee* (placed above delivery address and right of return address).

DELIVERY EMPLOYEE - Remove Copies 1 & 2 at Time of Delivery
Write firmly to make all copies legible.

Collect the amount shown below if the customer pays by:

<input type="checkbox"/> CHECK OR MONEY ORDER (MO) made payable to the mailer	<input type="checkbox"/> CASH or pin debit card and mailer is an EFT participant (online or commercial only).	<input type="checkbox"/> CASH (includes MO fee or fees).
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Check/MO \$ _____ EFT \$ _____ Cash \$ _____

Check # (if applicable) _____

Registered Mail™ Service Priority Mail Express® Service

Remit COD Charges to Sender via: Priority Mail Express Service Electronic Funds Transfer (EFT)

Date of Mailing _____ USPSCA Number _____

Options for Receiving: Hold For Pickup (Priority Mail Express Only) Street Delivery

COD

From: _____ To: _____

Delivered By _____ Date Delivered _____ Check Number _____

Date Payment Sent to Mailer _____ MO Number(s) _____

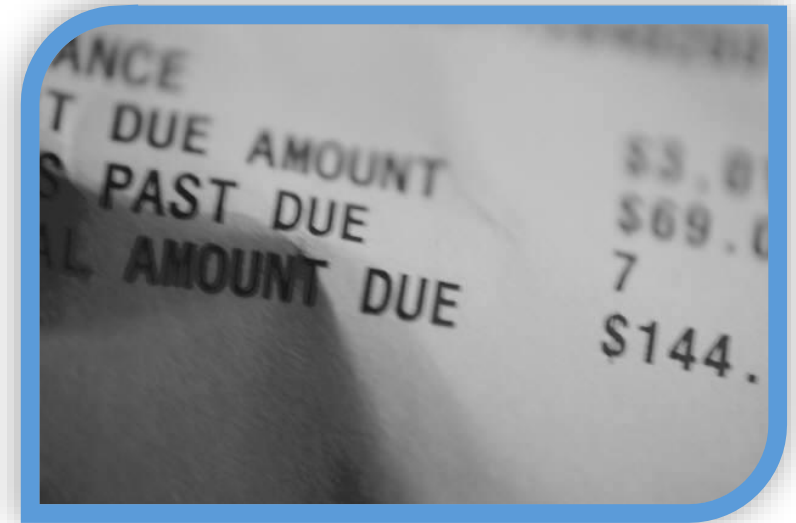
PS Form 3816, January 2016 PSN 7530-02-000-9062 Copy 1 - Delivery Unit

1. DO NOT allow the recipient (addressee or agent) to examine the contents before payment.
2. DO NOT deliver this article until payment is collected.
3. If payment is by check, enter check number above.
4. Have customer sign PS Form 3849.

◆ Follow proper scanning procedures for COD delivery and clearance.

COD Fees

- Items must be mailed at post office or through rural letter carrier.
- All fees must be paid in addition to postage and Extra Services fees.
- COD fee charged per piece and determined by amount to be collected or amount of insurance requested, whichever is greater.
- Fee includes insurance against loss, rifling, or damage to article and failure to receive payment.
- Postal liability for failure to receive payment limited to payment loss during transit.



COD Delivery

Over the counter:

- Sign in Delivered By signature block.
- Record date of delivery.
- Record recipient's check number (if applicable).
- Record Money Order number.
- Record date payment is sent on PS Form 3816.
- Retain PS Form 3816, *COD Mailing and Delivery Receipt* for two years.
- Use RSS SOP and Label 500 for remittances.
- Barcode portion of label 500 applied to remittance envelope and the rest to 3816.

DELIVERY EMPLOYEE - Remove Copies 1 & 2 at Time of Delivery
Write firmly to make all copies legible.

Collect the amount shown below if the customer pays by:
CHECK OR MONEY CASH or pin debit card and CASH (includes MO fee or fees).
ORDER (MO) made mailer is an EFT participant (online or commercial only). payable to the mailer.

Check/MO	EFT	Cash
\$120.57	\$ 120.57	\$ 120.57

Check (if applicable):
 Registered Mail™ Service Priority Mail Express® Service

Remit COD Charges to Sender via: Priority Mail Express Service Electronic Funds Transfer (EFT)

Date of Mailing: 08/27/2019 USPSA Number: _____

Options for Receiving:
 Hold For Pickup (Priority Mail Express Only)
 Street Delivery

COD

From: Jane Doe, 123 Main St, Anytown, MO 63000
To: John Doe, 123 Elm St, Cityville, OK 73100

Delivered By: *Ma clerk* Date Delivered: 08/31/2019 Check Number: 3720

Date Payment Sent to Mailer: 08/31/2019 MO Number(s): _____

PS Form 3816, January 2016 PSN

1. DO NOT allow the recipient (addressee or agent) to sign for this article until payment is collected.
2. DO NOT deliver this article until payment is collected.
Follow proper scanning procedure.

UNITED STATES POSTAL SERVICE®

Place barcode directly below postage.

COD Tracer number: 9570 0389 9483 0000 0000 34

Sent to: _____

Internal USPS use only Label 500, July 2013, PSN 7650-17-000-0348


Counter Activity



1. Place the item on the scale.
2. Scan USPS® packaging barcode if available or select Mailing/Shipping.
3. If prompted, select Yes or No to the flat rate packaging question.
4. Type the ZIP Code™ and press Enter on the keyboard.
5. Select a Service option.
6. Select Collect on Delivery (COD).
7. Select SMS Number or No Notification.
8. Enter COD declared value.
9. Enter insurance amount.
10. Select Continue.
11. Scan COD label barcode.
12. Select payment type.
13. Select print labels.
14. Select pay and end visit.
15. Tender payment.

Return Receipt

- Provides evidence of delivery including date and recipient's signature.
- May be purchased at time of mailing or after mailing.
- Commonly purchased with Certified Mail® which can be used on First-Class Mail® or Priority Mail®.
- Can be purchased with Restricted Mail, Collect on Delivery (COD), or Insured Mail valued over \$500, as well as Priority Mail Express® (hardcopy PS Form 3811 only).

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>John Doe</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <i>John Doe</i> <i>123 Elm St</i> <i>Cityville, OK 73000</i>  9590 9401 0000 5191 0000 12	B. Received by (Printed Name) <i>John Doe</i> C. Date of Delivery <i>08/31/2019</i>
2. Article Number (Transfer from service label) <i>7700 0000 0000 0000 0000</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail™ Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

Domestic Return Receipts

Three types:

- PS Form 3811, *Domestic Return Receipt*, completed at time of mailing (“Return Receipt Requested” written above delivery address and right of return address).
- PS Form 3811-A, *Return Receipt after Mailing*. May be purchased after mailing, if Registered, Certified, Insured (valued over \$500), or COD were purchased at time of mailing.
 - Must be completed by customer and sent to delivery office.
 - SSA processes and retains form (Customer may not remove form from the office).
 - Customer receives proof-of-delivery letter via email, which includes date and time of delivery and image of the recipient’s signature.
- Electronic Return Receipt.

Signature Confirmation®

- Added level of security – requiring signature of person who accepts package.
- Available for Domestic Mail parcels including First-Class Mail®, Priority Mail®, and USPS Retail Ground® package service.
- Not available for mail addressed to APO/FPO destinations
- May be combined with Registered Mail®, Insured Mail, and COD when additional fees are paid.
- May be combined with Restricted Delivery if also purchased with Registered Mail®, insurance over \$500, or COD when additional fees are paid, and specific requirements met.



Retail and Electronic Pricing

- Available at any post office and must purchase at time of mailing.
- Electronic option available when purchased at usps.com[®] or when authorized electronic link to send and receive Signature Confirmation[™] information electronically obtained.
- Barcode labels printed via usps.com or use PS Form 153, *Signature Confirmation* at the counter.
- Signature Confirmation fees must be paid in addition to postage and other Extra Service fees.



Certificate of Mailing

- Provides date evidence mail was presented for mailing.
- Does not provide delivery record or insurance coverage.
- Insurance is not available for purchase with service.
- Must be purchased at time of mailing.
- Available with Priority Mail[®], First-Class Mail[®], USPS Marketing Mail[®], USPS Ground Advantage - Retail[™], and Package Services.
- Fees must be paid in addition to postage.
- For bulk mailings, PS Form 3606, *Certificate of Bulk Mailing*, used to specify number of pieces mailed, but not as itemized list of individual pieces.
- May be combined with International Parcel Airlift (IPAL).

UNITED STATES POSTAL SERVICE **Certificate Of Mailing**

To pay fee, affix stamps or meter postage here.

This Certificate of Mailing provides evidence that mail has been presented to USPS[®] for mailing. This form may be used for domestic and international mail.

From: _____

To: _____

Postmark Here

PS Form **3817**, April 2007 PSN 7530-02-000-9065

PS Forms 3606-D, 3606, and 3665

UNITED STATES POSTAL SERVICE®
Certificate of Mailing — Firm

Name and Address of Sender: _____
 TOTAL NO. of Pieces Listed by Sender: _____
 TOTAL NO. of Pieces Received at Post Office™: _____
 Affix Stamp Here
Postmark with Date of Receipt.

Postmaster, per (name of receiving employee): _____

USPS® Tracking Number Firm-specific Identifier	Address (Name, Street, City, State, and ZIP Code™)	Postage	Fee	Special Handling	Parcel Airift
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

PS Form 3665, January 2017 (Page ____ of ____) PSN 7530-17-000-5549 See Reverse for Instructions

PS Form 3665, *Certificate of Mailing – Firm*
 Itemized firm mailings.

UNITED STATES POSTAL SERVICE®
Certificate of Bulk Mailing — Domestic

Fee for Certificate
 Up to 1,000 pieces (1 certificate for total number)
 For each additional 1,000 pieces, or fraction thereof

Use Current Price List (Notice 123)

Postage: Mailers must affix meter, PC Postage®, or (uncanceled) postage stamps here in payment of total fee due.

Acceptance employee must cancel postage affixed (by round-date) at the time of mailing.
 If payment of total fee due is being paid by Permit Imprint, include the PostalOne!® Transaction Number here: _____

Duplicate Copy

Number of Identical Weight Pieces	Class of Mail	Postage for Each Mailpiece Paid	Number of Pieces to the Pound
_____	_____	_____ <input type="checkbox"/> Verified	_____

Total Number of Pounds: _____ Total Postage Paid for Mailpieces: _____ Fee Paid: _____

Mailed For: _____ Mailed By: _____

Postmaster's Certification
 It is hereby certified that the number of mailpieces presented and the associated postage and fee were verified. This certificate does not provide evidence that a piece was mailed to a particular address.

 (Postmaster or Designee)

PS Form 3606-D, January 2016 PSN 7530-17-000-5548

PS Form 3606,
Certificate of Bulk Mailing – International.

UNITED STATES POSTAL SERVICE®
Certificate of Bulk Mailing — International

Fee for Certificate
 Up to 1,000 pieces (1 certificate for total number)
 For each additional 1,000 pieces, or fraction thereof

Use Current Price List (Notice 123)

Postage: Mailers must affix meter, PC Postage, or (uncanceled) postage stamps here in payment of total fee due.

Acceptance employee must cancel postage affixed (by round-date) at the time of mailing.
 If payment of total fee due is being paid by Permit Imprint, include the PostalOne! Transaction Number here: _____

Duplicate Copy

Number of Identical Weight Pieces	Class of Mail	Postage for Each Mailpiece Paid	Number of Pieces to the Pound
_____	_____	_____ <input type="checkbox"/> Verified	_____

Total Number of Pounds: _____ Total Postage Paid for Mailpieces: _____ Fee Paid: _____

Mailed For: _____ Mailed By: _____

Postmaster's Certification
 It is hereby certified that the number of mailpieces presented and the associated postage and fee were verified. This certificate does not provide evidence that a piece was mailed to a particular address.

 (Postmaster or Designee)

PS Form 3606, January 2017 (Page 1 of 1) PSN 7530-01-000-9980 See Reverse for Instructions

Used to specify number of pieces mailed but not an itemized list of individual pieces.

PS Form 3606-D,
Certificate of Bulk Mailing – Domestic.

PS Form 3877, Firm Mailing Book for Accountable Mail

For three or more pieces presented with Extra Services for mailing at one time.

Name and Address of Sender		Check type of mail or service		Firm Mailing Book For Accountable Mail												
		<input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Priority Mail		Affix Stamp Here <i>(for additional copies of this receipt).</i> Postmark with Date of Receipt.												
				USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office		Postmaster, Per (Name of receiving employee)												

PS Form 3877, January 2017 (Page 1 of 2) Complete in Ink Privacy Notice: For more information on USPS privacy policies, visit usps.com/privacypolicy.
PSN 7530-02-000-9096

Heavy Lifting

- Label 035CH, *CAUTION HEAVY* for weights 35 lbs and over.
- Visual alert before lifting heavy shipments.
- Follow proper lifting techniques.
- Separate pieces from automated mailstream and process as nonmachinable.
- Follow these procedures:
 1. Greet customer and follow normal retail acceptance procedure/system workflows.
 2. Weigh and rate mailpiece and offer additional Extra Services.
 3. Identify mailpieces weighing 35 lbs. and over with Label 035CH; place label prominently on front of package to the left of destination address.
 4. Affix postage, collect payment, and thank customer.



Extra Services Chart

Service	Priority Mail Express	Priority Mail	First-Class Mail	USPS Ground Advantage - Retail	Media Mail	Library Mail
Certificate of Mailing		X	X	X	X	X
Certified Mail		X	X			
Collect On Delivery (COD)	X	X	X	X	X	X
Insurance	X	X	X	X	X	X
Registered Mail		X	X			
Signature Confirmation		X		X	X	X
USPS Tracking	Included in all products except USPS Marketing Mail.					
Restricted Delivery	Not available as a stand-alone product, must be used in conjunction with another Extra Service.					
Return Receipt	Not available as a stand-alone product, must be used in conjunction with another Extra Service.					

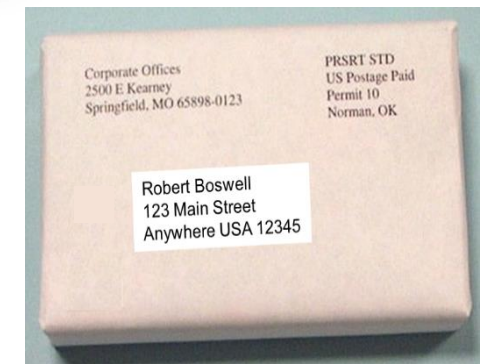
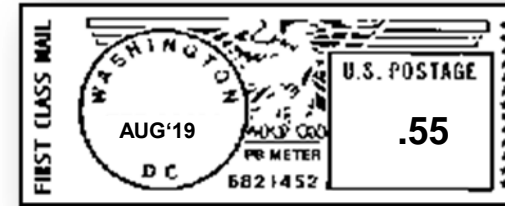
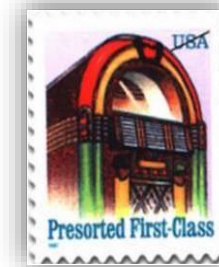
Indemnity Claim Procedures

- Claims filed for COD, Insured, Registered Mail[®] with insurance or PME.
- Claim procedures:
 - File online or by mail.
 - Complete PS Form 1000, *Domestic Claim or Registered Mail Inquiry*.
 - Submit proof of value.
 - May be directed to bring item, container, and wrappings to post office.
- Complete PS Form 2856, *Damage Report of Parcel and Contents*.
 - Complete form without customer present.
 - Mail to Domestic Claims section in St Louis (do not mail article).
- Inspect, retain, and dispose of damaged item per claim decision.

Postage

Three postage payment methods:

- Stamps.
- Postage Meters.
- Permit Imprint.



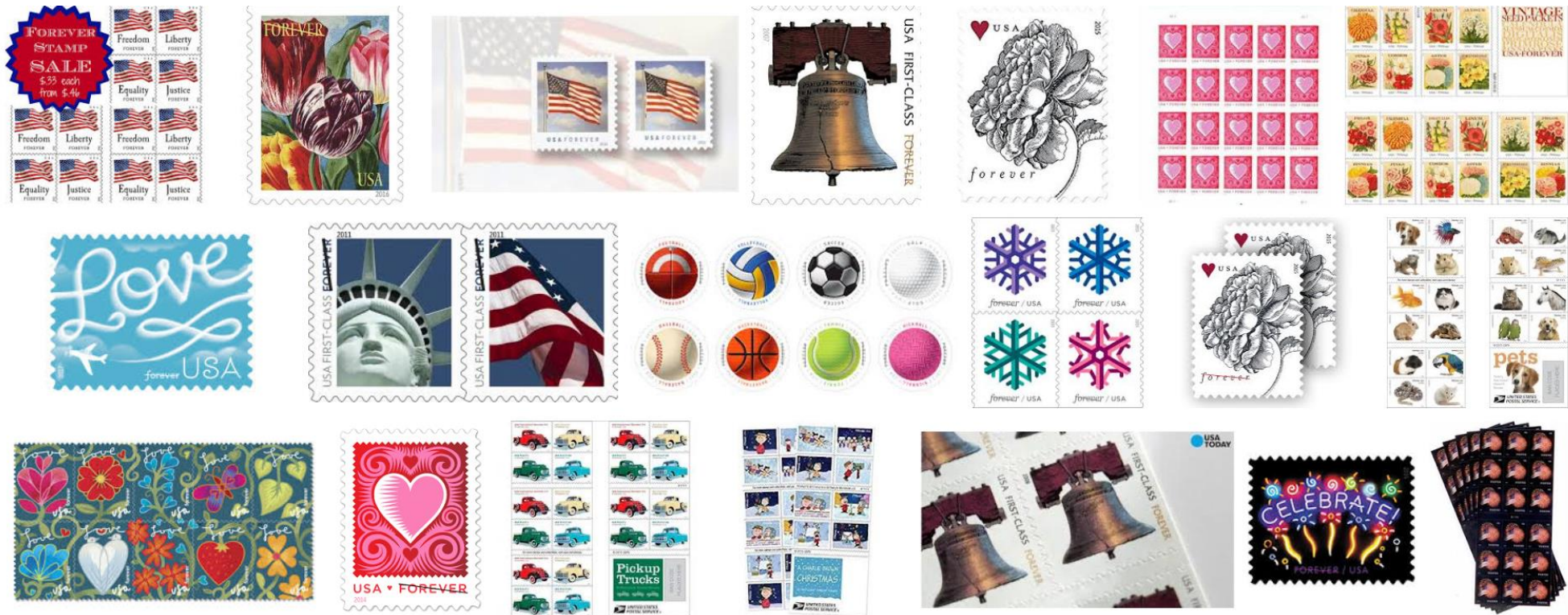
Postage Stamps

Stamps reflect the nation's history.



Forever Stamps

- Non-denominational First-Class Mail® postage.
- Value equal to the First-Class Mail one-ounce letter price no matter purchase price.



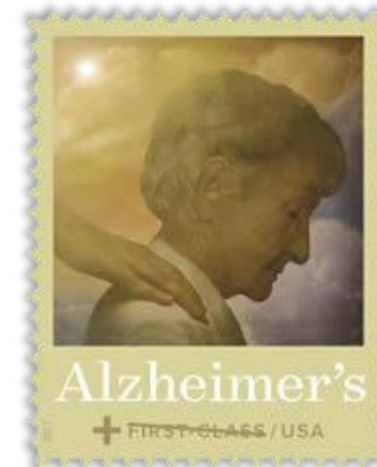
Holiday Stamps



Semipostal Stamps

Fundraising or "semipostal" stamps.

- Save Vanishing Species has raised over 7 million.
- Breast Cancer Research raised over 94.5 million.
- Alzheimer's stamp has raised over 1.3 million.
- Healing PTSD has raised over 1.46 million.



Philately

Collectors save stamps, postal stationery, first-day covers, mint sets, and commemorative stamps.

First Day Covers (FDCs) are envelopes bearing new stamps postmarked on first day of sale.

Since 1968, all commemorative stamps issued in special presentation booklet.



Postage Meters

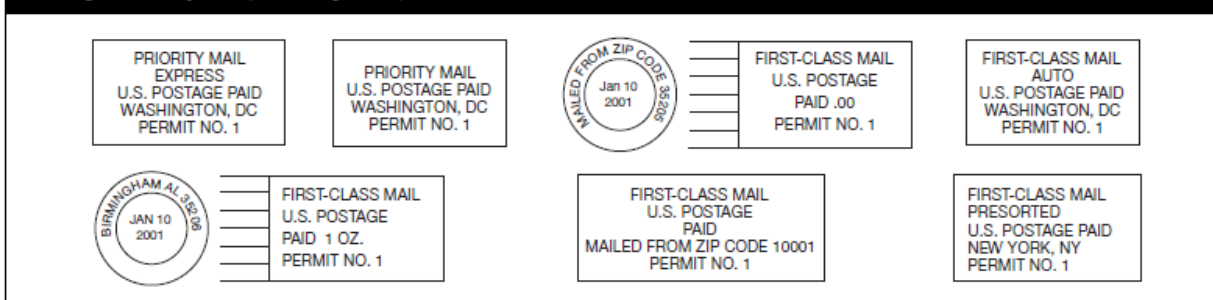
- Used to print evidence that postage has been paid.
- May be meter imprints or information-based indicia (IBI).
- Maybe printed directly on the mailpiece or on affixed label.



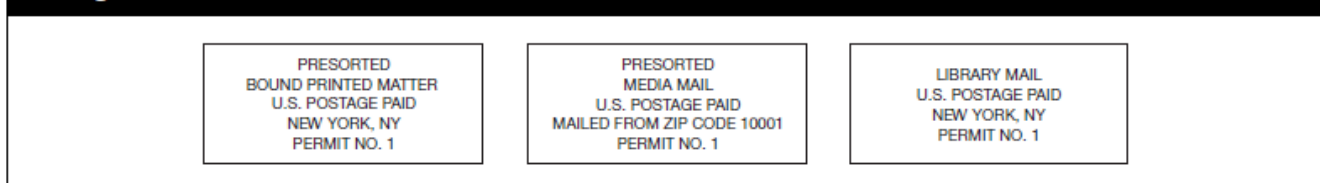
Permit Imprint

- Postage payment made from advanced deposit account.
- Indicia may be printed directly on mailpieces, on affixed labels or wrappers, envelopes, and other containers.
- Minimum quantities and other standards apply.
- May not be placed in collection boxes and must be presented to BMEU for verification.

Priority Mail Express, Priority Mail, and First-Class Mail



Package Services



Activity – Postage Stamps



Two volunteers role-play SSA and customer.

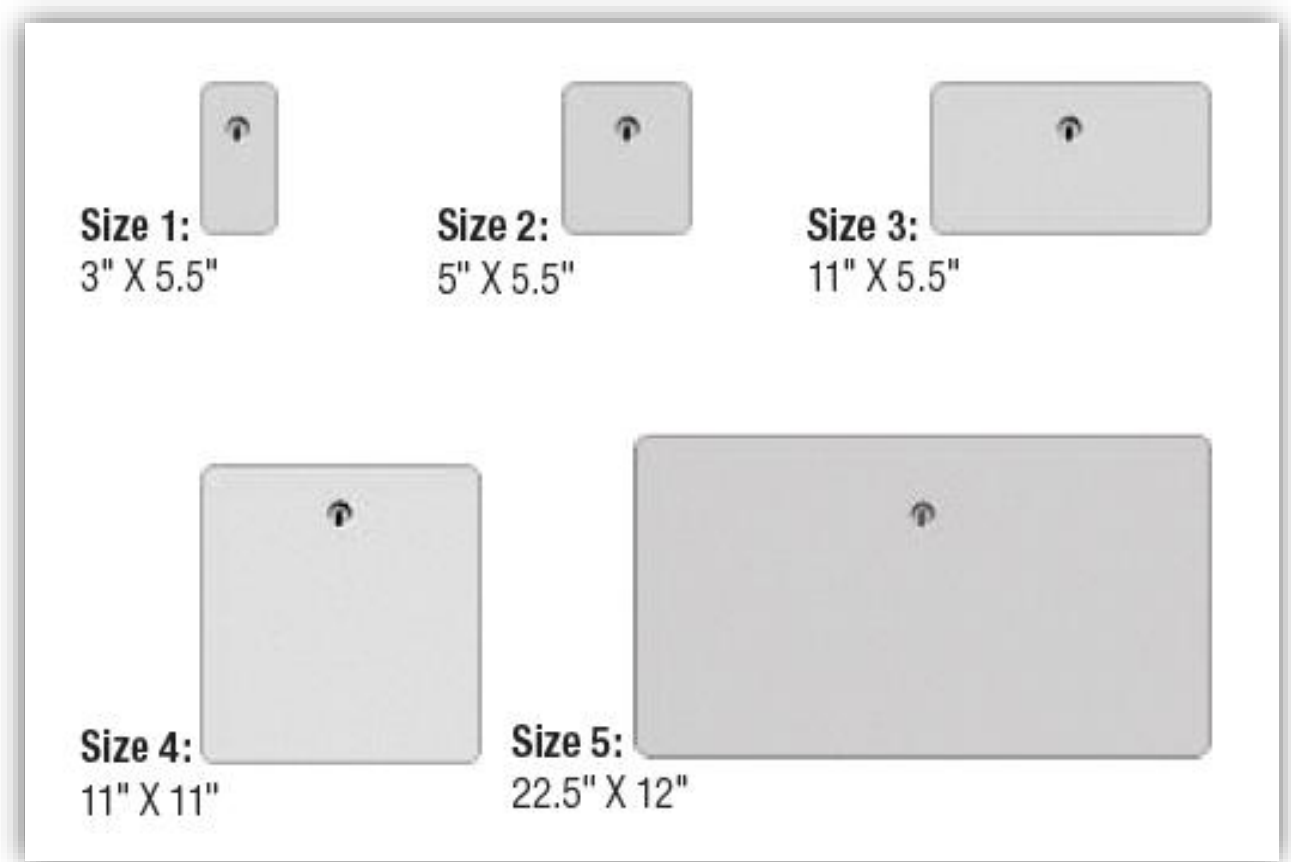
PO Box Service

- Market Dominant:
 - Price set with competition tied to Consumer Price Index.
 - Includes FCM, USPS Marketing Mail[®], Periodicals, USPS Retail Ground Advantage - Retail[™], Media and Library Mail, Bound Printed Matter, most Extra Services, and International Mail.
- Competitive products include PME, PM, USPS Ground Advantage - Retail, and some International Mail products.
- Convenience for customers who pick up their mail.
- Locations are secure.
- Mail available prior to delivery.
- Maintain privacy with keys and locks.
- Box size determines market dominant or competitive office.



PO Box Sizes

- Five sizes.
- Availability depends on facility and location.



PO Box™ Fees

- PO Boxes and fees are based on customer need.
- Box assigned upon approval and payment.
- Service period begins on 1st of the month or first day of following month if approved after the 15th of the month.

Box Rental Due Date Chart			
IF RENTED DURING PERIOD FROM-TO	THREE MONTHS DUE DATE	SIX MONTHS DUE DATE	TWELVE MONTHS DUE DATE
JAN 1 THRU 15	MAR 31	JUNE 30	DEC 31
JAN 16 THRU 31	APR 30	JUL 31	JAN 31
FEB 1 THRU 15	APR 30	JUL 31	JAN 31
FEB 16 THRU 28	MAY 31	AUG 31	FEB 28
MAR 1 THRU 15	MAY 31	AUG 31	FEB 28
MAR 16 THRU 31	JUN 30	SEP 30	MAR 31
APR 1 THRU 15	JUN 30	SEP 30	MAR 31
APR 16 THRU 30	JUL 31	OCT 30	APR 30
MAY 1 THRU 15	JUL 31	OCT 31	APR 30
MAY 16 THRU 31	AUG 31	NOV 30	MAY 31
JUNE 1 THRU 15	AUG 31	NOV 30	MAY 31
JUNE 16 THRU 30	SEP 30	DEC 31	JUN 30
JUL 1 THRU 15	SEP 30	DEC 31	JUN 30
JUL 16 THRU 31	OCT 31	JAN 31	JUL 31
AUG 1 THRU 15	OCT 31	JAN 31	JUL 31
AUG 16 THRU 31	NOV 30	FEB 28	AUG 31
SEP 1 THRU 15	NOV 30	FEB 28	AUG 31
SEP 16 THRU 30	DEC 31	MAR 31	SEP 30
OCT 1 THRU 15	DEC 31	MAR 31	SEP 30
OCT 16 THRU 31	JAN 31	APR 30	OCT 31
NOV 1 THRU 15	JAN 31	APR 30	OCT 31
NOV 16 THRU 30	FEB 28	MAY 31	NOV 30
DEC 1 THRU 15	FEB 28	MAY 31	NOV 30
DEC 16 THRU 31	MAR 31	JUNE 30	DEC 31

Fee Payment Reminder Schedule

- **1st day** of the **last paid month of service** – Notice 32, *Box Rent Service Fee Due*.
- **20th day** of the **last paid month of service** – WebBATS reminder letters generated.
- **Last day** of the **last paid month of service** – Fees for renewal of service are due.
- If a customer fails to pay, box must be plugged or combination changed.
 - Continue distributing mail, but do not deliver until box rent is collected.



Non-Payment of Fees

- 10 days after due date – Customer granted 10-day grace period before late fee.
 - Box is plugged or combination changed.
 - Continue to distribute mail, but do not deliver to customer until box rent collected.
- If box rental fee is paid after 10-day grace period, box reactivated, and late fee imposed.
- 11th day after due date – Close box.
 - All mail returned to sender.
 - Change lock after 48 days unless no boxes for rent.
 - If lock has been changed charge lock fee imposed (charge only one or the other).



Fee Payment Procedures

- Pay for 3, 6, or 12 consecutive months of service.
 - If an increase occurs, new rate not paid until end of paid period.
- For 3-month rental, customer must enroll in recurring payments.
- May transfer P.O. Box™ service to facility within same city and fee group without additional fees if same size box.
 - Customers must submit a new PS Form 1093 at new post office.
- When box is closed, unused portion of fee may be refunded in 3-month blocks.
 - Refunds requested on PS Form 3533.



Premium PO Box™ Service

- Enhanced services available at 8,400 locations.

- Services include:

- Baker's Dozen.
- No Key deposit.
- Signature on file.
- Street addressing.
- Expanded lobby hours.
- Earlier up times.

The screenshot shows the USPS Blue website interface. At the top, it says "Blue United States Postal Service" with the tagline "You deliver for the country, we deliver for you." and the USPS logo. The navigation bar includes "Home", "My Work", "My Life", and "Inside USPS". The date is "Wednesday, February 22, 2023". On the left is a sidebar menu with categories like "Operations", "Retail and Post Office Operations", "About us", "Retail Digest", "Policy and procedures", "Products and services" (highlighted), "Reporting systems and applications", "Signage", "Equipment", "Resources", "Training", "CRDO Electronic Concierge", and "CRDO Resource Library". The main content area is titled "PO Boxes" and contains a paragraph about their value. Below this are three sections: "WebBATS (Web Box Activity Tracking System)" with a list of links, "Caller and Reserves Resources" with a list of links, and "Price Change Letters (January 2023)" with a link to the "Price Change Process". To the right of the "SOPs" section is a small image of PO boxes. Below the screenshot, there is a section titled "Street-Style Address Format" with an example and a table.

Street-Style Address Format

Customers who sign up for Street Addressing *must* use the following address format for example:

1234 Any Street	#2307	
Post Office Street Address	PO Box Number	
Any Town	ST	10000-5678
City	State	PO Box ZIP Code

Use the customer's *PO Box ZIP Code*, even if it's different from the Post Office's ZIP Code. This way, the customer uses the *same* ZIP Code for mail addressed to their PO Box and the street address.

Key Deposit

- Two keys provided when renting.
- Free at Move to Competitive (MTC) locations.
 - Deposit required at Market Dominant locations.
 - Additional key for fee plus deposit.
- Complete PS Form 1094.
- Key deposits refunded when box closed.
- Broken keys replaced free.
- Locks and combinations changed when box closed.

UNITED STATES POSTAL SERVICE®		Request for Post Office Box Key or Lock Service	
Post Office™ Name	State	ZIP + 4®	
Name of Post Office Box Assignee (Print or Type)	PO Box Number	Number of Keys Assigned	
Reason for Request		Fee Calculation (For Additional Keys Only)	
<input type="checkbox"/> Additional Keys (Non-refundable fee applies) <input type="checkbox"/> Damaged Key Replacement (No fee)		No. of Keys X Additional Key fee + \$ refundable key deposit	Total Amt. Required \$
<input type="checkbox"/> Lock Replacement (Non-refundable fee applies) <input type="checkbox"/> Damaged Lock Replacement (No fee)			
I agree to return all keys when the post office box is vacated.			
I understand that:			
1. A refundable key deposit is required for each key (including additional keys) returned to the Postal Service™. The refundable key deposit is based on the amount deposited for each key at the time of issuance.			
2. I am prohibited from using or possessing any post office box keys except those issued through the Postal Service. If I violate this law I may be fined not more than \$500.00, imprisoned for not more than 10 years, or both (USC 18, 1704).			
Signature, Title, and Name of Organization (If applicable)			Date Signed
Postal Service Use Only			
Fee Received by (Initials)	Request Approved (Postmaster's Signature)		
Worn or Broken Keys Received by (Initials)			
Keys for Broken Lock Received by (Initials)			
PS Form 1094, May 2011 (PSN 7530-02-000-7345)			

Obtaining a PO Box

- Customers must:
 - Complete PS Form 1093, *Application for Post Office Box Service*.
 - Provide two forms of valid ID (1 photo and proof of residence).
- Minors may have PO Box unless parents or guardians object in writing.
- 1093 should list name of anyone receiving mail.

Box Number(s) _____												
Application for Post Office Box™ Service												
<i>Fill out all non-shaded fields, and take this application to the Post Office™.</i>												
1. This service is for (Required selection): <input type="checkbox"/> Business/Organization Use <input type="checkbox"/> Residential/Personal Use												
2. Name of Business/Organization (if applicable): _____												
3. Name of Person Applying (Last, First, MI — include title if representing a business/organization): _____												
4. Address: Number, Street, Suite _____ _____ City _____ State _____ ZIP+4® _____		Verify initials										
5. Telephone Number (Include Area Code) _____	6. Email Address _____											
7. Box Size(s) (Required) See page 1 for details <input type="checkbox"/> Size 1 <input type="checkbox"/> Size 2 <input type="checkbox"/> Size 3 <input type="checkbox"/> Size 4 <input type="checkbox"/> Size 5												
8. Applicant must select and enter the ID Number for two separate forms of valid identification listed below. You must present the IDs at a Post Office. One item must contain a photograph and one must be traceable to the bearer (prove your physical address). Both must be current.												
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Select one photo ID:</td> <td style="width: 50%;">Select one non-photo ID:</td> </tr> <tr> <td><input type="checkbox"/> Valid U.S. driver's license or state non-driver's ID card</td> <td><input type="checkbox"/> Current lease, mortgage, or deed of trust</td> </tr> <tr> <td><input type="checkbox"/> U.S. Armed forces, government, university, or recognized corporate employee ID</td> <td><input type="checkbox"/> Voter or vehicle registration card</td> </tr> <tr> <td><input type="checkbox"/> Passport, passport card, alien registration card, or certificate of naturalization</td> <td><input type="checkbox"/> Home or vehicle insurance policy</td> </tr> <tr> <td><input type="checkbox"/> NEXUS or Matricular Consular card</td> <td></td> </tr> </table>			Select one photo ID:	Select one non-photo ID:	<input type="checkbox"/> Valid U.S. driver's license or state non-driver's ID card	<input type="checkbox"/> Current lease, mortgage, or deed of trust	<input type="checkbox"/> U.S. Armed forces, government, university, or recognized corporate employee ID	<input type="checkbox"/> Voter or vehicle registration card	<input type="checkbox"/> Passport, passport card, alien registration card, or certificate of naturalization	<input type="checkbox"/> Home or vehicle insurance policy	<input type="checkbox"/> NEXUS or Matricular Consular card	
Select one photo ID:	Select one non-photo ID:											
<input type="checkbox"/> Valid U.S. driver's license or state non-driver's ID card	<input type="checkbox"/> Current lease, mortgage, or deed of trust											
<input type="checkbox"/> U.S. Armed forces, government, university, or recognized corporate employee ID	<input type="checkbox"/> Voter or vehicle registration card											
<input type="checkbox"/> Passport, passport card, alien registration card, or certificate of naturalization	<input type="checkbox"/> Home or vehicle insurance policy											
<input type="checkbox"/> NEXUS or Matricular Consular card												
Photo ID Number: _____		Non-Photo ID Number: _____										
Verify initials (For Post Office Use Only) _____												
9. On the back of this form, list the name(s) of all individuals, including members of a business, who will be receiving mail at this (these) PO Box number(s).												
10. On the back of this form, list the names of the persons or representatives of the business/organization authorized to pick up mail addressed to this (these) PO Box number(s).												
Optional Automatic Renewal Payment — Terms and Agreement (Required for 3-month payment option) <small>By initiating below and establishing automatic renewal payments at a Post Office, I hereby authorize the U.S. Postal Service® (USPS®) to charge my credit card for the amount of my designated box size per USPS pricing on the scheduled interval I have selected (i.e., 3, 6, or 12 months). This charge could appear on my credit card statement as early as the 15th of the month prior to the due date. If I provided my email address, I understand that I will receive email notification at least 10 days prior to the actual credit card charge. I will also receive a payment due notice in my PO Box before the payment due date. I understand that I may cancel the automatic payment option any time after the initial application/payment process is complete during the business hours at the Post Office where my box is located. If I do not cancel by the 14th of the month prior to the next payment due date, I understand that the payment will be charged to my credit card. I understand that if the payment cannot be transacted due to incorrect or obsolete payment information or the transaction would exceed the credit limit of the account, or the bank or credit card company rejects/returns the payment request, my PO Box may be closed and any mail received after closure would be returned to the sender. If my PO Box is closed for nonpayment, I understand that I could be charged a late payment fee to reactivate my PO Box service. If there are any changes to my credit card number, billing address, or expiration date, I agree to notify the Post Office where my box is located of these changes. I understand that this agreement will remain in effect until I or USPS terminates the PO Box service. The USPS may receive updated credit card account information from the institution that issued the card identified for payment. If I decide to close my PO Box, I must visit the Post Office where my box is located during business hours. (See the PO Box refund policy for information on refunds.) The USPS may terminate my participation under this automatic payment agreement in the event I provide incorrect, false, or fraudulent account information or if I have any returned payment items.</small>												
Customer Initials _____ Billing Address (if different from address in 4 above): Number, Street, Suite _____ City _____ State _____ ZIP+4® _____												
Application Date _____	Number of Keys Issued _____	Customer Eligible for No-Fee Service <input type="checkbox"/> Yes <input type="checkbox"/> No										
Signature of Applicant (Same as item 3) I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment. _____		Post Office Date Stamp										
PS Form 1093, August 2019 (Page 3 of 4) 7530-02-000-7165. See our Privacy Act Statement on page 4 of this form.												

Valid Identification

Follow local verification procedures

Examples of
photo ID:

- Driver's license or state non-driver identification card.
- Military, government, university, or established corporate identification card.
- Passport (book or card) or foreign passport (Matricula Consular, Nexus).
- Alien registration or tribal identification card.
- Certificate of Naturalization.

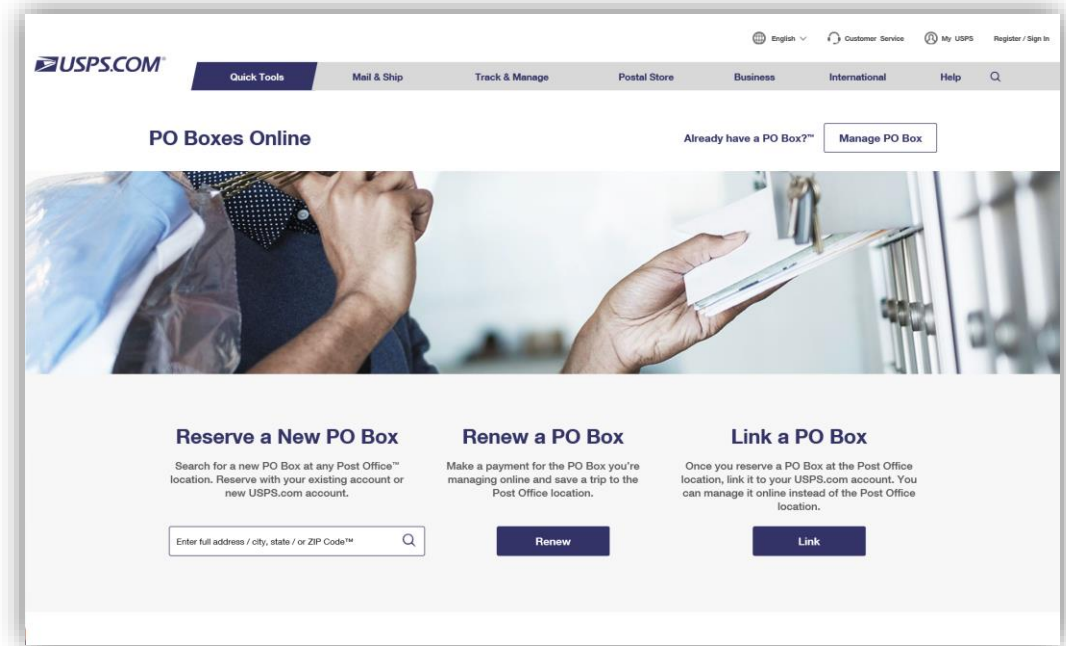
Examples of
proof of
occupancy:

- Deed or Lease.
- Mortgage.
- Voter or vehicle registration .
- Home or vehicle insurance policy.

*Address must be verified
within 3 business days.*

PO Box™ Online (POBOL)

- Create user profile on USPS.com and complete PO Box Online Application.
 - Use credit card to reserve P.O. Box, pay rental, associated fees, and deposits.
- Customer submits PS Form 1093 and 2 forms of identification to box location.
- Must activate within 30 days.
- Easily accessible from any electronic device to close or apply for refund.
- Enter ID info on 1093 and provide to WebBATS.
- RSS access through pre-paid box workflow and enter phone number.
- Manual access through Online Transaction Report in WebBATS and enter info.
- Provides secure delivery of packages and no need to disclose home address to receive mail.



PS Form 1093-A

Application for Post Office Box™ Service Automatic Recurring Renewal Payment (Current Post Office Box Customers Only)



Fill out all non-shaded fields and take this application to the Post Office

1. Name of Applicant (Last, First, MI) (include title if representing a business/organization)	2. Email Address (required for automatic payment notifications)
3. Name of Business/Organization (if applicable)	4. PO Box Number(s)
5. PO Box ZIP Code(s) (if more than one ZIP Code, specify which box numbers in item 4 are associated with each ZIP Code)	

Optional Automatic Renewal Payment — Terms and Agreement (Required for 3-month payment option)
By initiating below and establishing automatic renewal payments at a Post Office, I hereby authorize the U.S. Postal Service® (USPS®) to charge my credit card for the amount of my designated box size per USPS pricing on the scheduled interval I have selected (i.e., 3, 6, or 12 months). This charge could appear on my credit card statement as early as the 15th of the month prior to the due date. If I provided my e-mail address, I understand that I will receive e-mail notification at least 10 days prior to the actual credit card charge. I will also receive a payment due notice in my PO Box before the payment due date. I understand that I may cancel the automatic payment option any time after the initial application/payment process is complete during the business hours at the Post Office where my box is located. If I do not cancel by the 14th of the month prior to the next payment due date, I understand that the payment will be charged to my credit card. I understand that if the payment cannot be transacted due to incorrect or obsolete payment information or the transaction would exceed the credit limit of the account, or the bank or credit card company rejects/returns the payment request, my PO Box may be closed and any mail received after closure would be returned to the sender. If my PO Box is closed for nonpayment, I understand that I could be charged a late payment fee to reactivate my PO Box service. If there are any changes to my credit card number, billing address, or expiration date, I agree to notify the Post Office where my box is located of these changes. I understand that this agreement will remain in effect until I or USPS terminates the PO Box service. The USPS may receive updated credit card account information from the institution that issued the card identified for payment. If I decide to close my PO Box, I must visit the Post Office where my box is located during business hours. (See the PO Box refund policy for information on refunds.) The USPS may terminate my participation under this automatic payment agreement in the event I

Customer Initials _____ Billing Address (associated with credit card):
Number, Street, Suite _____
City _____ State _____ ZIP+4® _____

Application Date _____

Signature of Applicant (Same as item 1)
I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Post Office Date Stamp _____

Privacy Act Statement: Your information will be used to provide Post Office Box™ service and to ensure delivery to the box. Collection is authorized by 39 U.S.C. 401, 403, and 404. Providing the information is voluntary; but, if not provided, we will be unable to provide this service to you. We do not disclose your information to third parties without your consent, except to facilitate the transaction, to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a U.S. Postal Service® auditor; to entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service (service providers); to process servers; to domestic government agencies if needed as part of their duties; and to a foreign government agency for violations and alleged violations of law. Information concerning an individual box holder who has filed a protective court order with the postmaster will not be disclosed except pursuant to court order. For more information regarding our privacy policies, visit usps.com/privacypolicy.

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PS Form 1093-A, January 2012 PSN 7530-13-000-7160

Customer completes, provides 2 forms of valid ID, and signs.

SSA validates ID and round dates.

Counter Activity



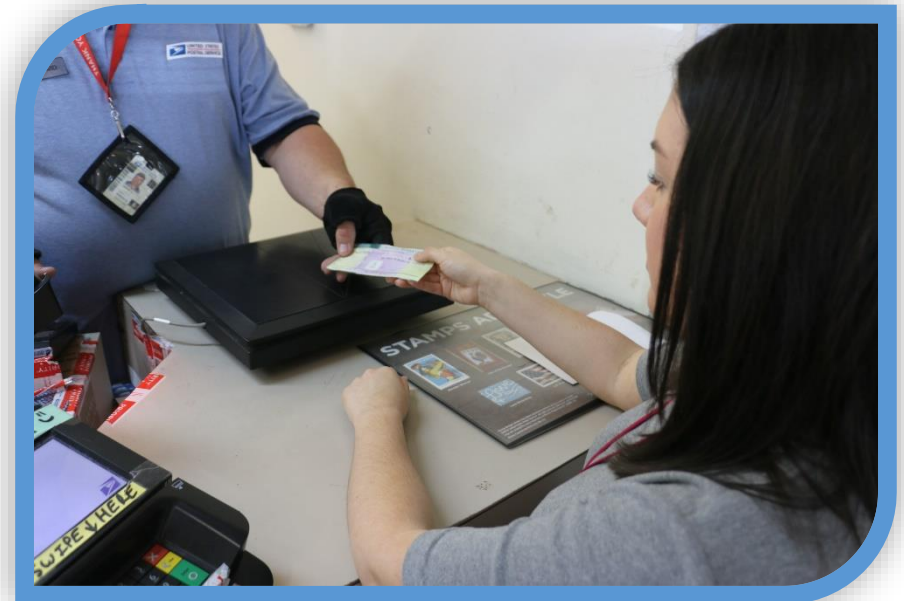
1. Home screen > PO Box/Caller Services > More.
2. Select New PO Box.
3. Select the two forms of ID displayed and select Continue.
4. If multiple ZIP Codes™ are listed, select correct one.
5. Highlight desired available box size and touch Select (skip to step 8).
6. Type the desired box number and press Enter on the keyboard.
7. Type the customer's first name and press Enter on the keyboard.
8. Type the customer's last name and press Enter on the keyboard.
9. If appropriate, type in business name and press Enter on the keyboard, or press Enter to continue without a business name.
10. If a Move to Competitive (premium) ZIP Code™, highlight/toggle the desired additional services and select Continue.
11. Select rental period (3-month requires recurring payment).
12. Type the number of additional keys requested and press Enter on the keyboard. No keys press Enter.
13. Review summary screen, use Prev/Esc to edit any information or select OK to continue (Yes or No for reoccurring payment).
14. Select Pay and End Visit.

Manual PO Box™ Rental

1. Provide PS Form 1093, *Application for Post Office Box Service*, to the customer and explain which sections they need to complete.
2. Request two forms of identification and explain the types of acceptable ID.
3. Record two forms of photo ID information on the form.
4. Explain why another form of ID is needed to provide proof that they are the occupant at that address.
5. Record proof of residence information.
6. Collect box fee and key deposit.
7. Provide the customer with PS Form 3544.

Money Orders

- Safe, convenient, and economical alternative to sending cash in the mail.
- Purchase from post office or rural route carrier with cash, debit card, or traveler's check.
- Cashed at any post office (provided that sufficient funds are on hand) and most financial institutions.
- Replaced if lost, stolen, or damaged (for a fee).
- No expiration date.



Types of Money Orders

Domestic Money Order



- Available in all states, U.S. territories, and possessions.
- \$1,000 limit.
- Two-tier fee.

International Money Order



- Maximum amount determined by country.
- \$700 limit.
- Country must have agreement with U.S.

[Click to view IMM[®] 370, International Money Transfer Services.](#)

Lost or Stolen Money Order

- Customer completes PS Form 6401, *Money Order Inquiry* and pays fee.
- Used for Direct Service (U.S. International Money Order).
- Used for replacement or proof Money Order was cashed (including photocopy).

UNITED STATES POSTAL SERVICE **Money Order Inquiry**

(Please Use Black Ink ONLY and Print Within the Boxes.)
Inquiry may be filed at any Post Office™ any time after the purchase of the money order. Use one form per money order serial number. A separate form and fee are required for each money order inquiry. To obtain a copy of a cashed money order or to receive a refund, complete ALL blocks in this section, provide a signature, and present the customer receipt to the Post Office for verification. A refund will be issued no sooner than 60 days from the money order issue date provided the money order has not been cashed.

Money Order Serial No. (As shown on original receipt)
Post Office No. (As shown on original receipt)
Purchaser's First Name (Not for Bank Use) MI Purchaser's Last Name
Bank Use or Post Office Only (Bank/Financial Institution Name or Post Office)
Mailing Address (For mailing refund, correspondence, or copies) Apt. or Suite No.
City State
ZIP+4* Country (if applicable)
Telephone No. (Include area code) International Telephone No. (if applicable)
ABA No. - Bank Use Required Reference No. - Bank or Post Office Use Only
Certification and Signature
I understand that anyone who furnishes false or misleading information on this form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). I agree to repay the Postal Service™, upon demand, the amount of the refund if the designated payee, purchaser, or financial institution cashes the original money order. The rights and remedies set forth in 18 USC 287, 18 USC 1001, and 31 USC 3802 shall be incorporated as if fully set forth.

Signature of Customer Filing the Money Order Inquiry For Postal Use Only Date Signed (MM-DD-YYYY)

Privacy Act statement: Your information will be used to respond to your request. Collection is authorized by 39 USC 401, 403, and 404; 31 USC 5318, 5325, and 5331. Providing the information is voluntary, but if not provided, we may not process your transaction. We do not disclose your information to third parties without your consent, except to facilitate the transaction, to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues, to a US Postal Service auditor, to entities, including law enforcement, as required by law including anti-money laundering statutes and regulations, or in legal proceedings; and to contractors and other entities aiding us to fulfill the service (service providers). For more information regarding our privacy policy visit us at usps.com.

POST OFFICE: AFFIX STAMPS OR METER STRIP HERE Mail to: **USPS SCANNING AND IMAGING CENTER**

After an inquiry has been filed, you may obtain status by calling our toll-free number 1-866-974-2733.

This Area Is for Official Use Only
By presence of this signature, I have verified the customer receipt presented by the purchaser.

Customer's Photo ID No. ID Type: e.g., Drivers License or State Issued ID, Military ID, Alien Registration, Passport
Finance No. of Accepting Office ZIP Code™ Telephone No. (include area code)
No-Fee Money Order Serial No. (if applicable) Date (MM-DD-YYYY) Amount
Post Office ID Signature of Postal Service Employee Date Inquiry Filed (MM-DD-YYYY)

PS Form 6401, January 2010 PSN: 7530-02-000-9536 (Page 1 of 2)

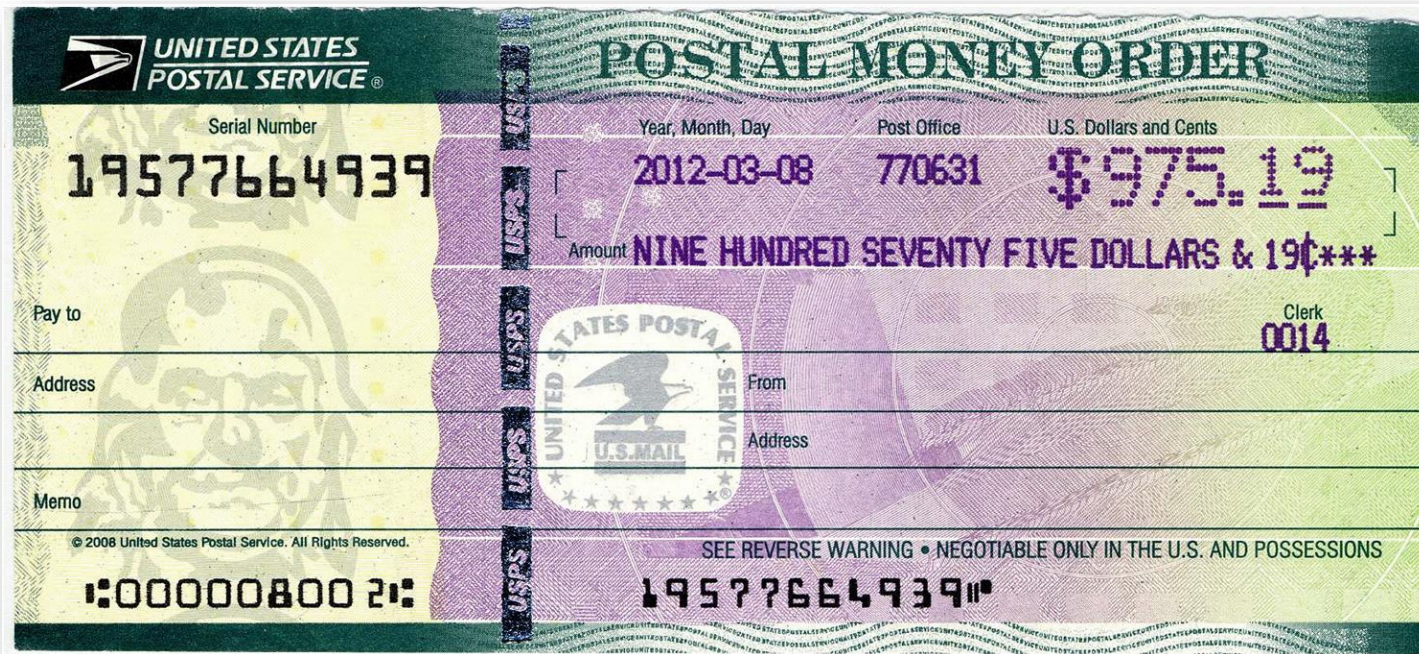
Bait Money Orders

- Used by Inspection Service in burglary and robbery investigations.
- Once cashed and recovered, investigative leads can be pursued which may lead to prompt apprehension of suspect.
- Place your three Bait Money Orders under the largest currency denomination.
- Bait Money Orders are accountable.



Security Features

- Look for watermark, security thread, and at dollar amount.
- Refer to Notice 299, *Security Features of U.S. Money Orders*.
- Used for replacement or proof Money Order was cashed (including photocopy).



Cashing Money Orders

1

- Look for Security Features.

2

- Verify Money Order is within limits.

3

- Check Missing, Lost, or Stolen U.S. Money Order List.

4

- Request valid government or state issued ID.

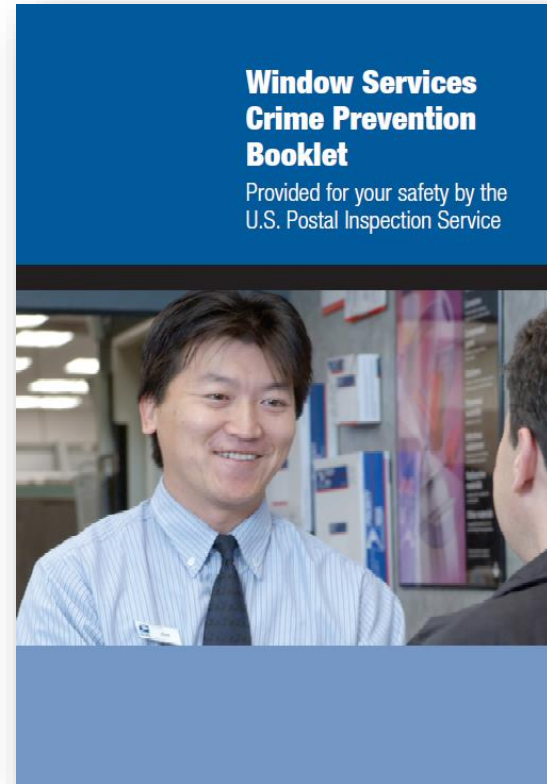
5

- Ensure Money Order is endorsed.

Counterfeit Money Orders

If presented with a counterfeit Money Order:

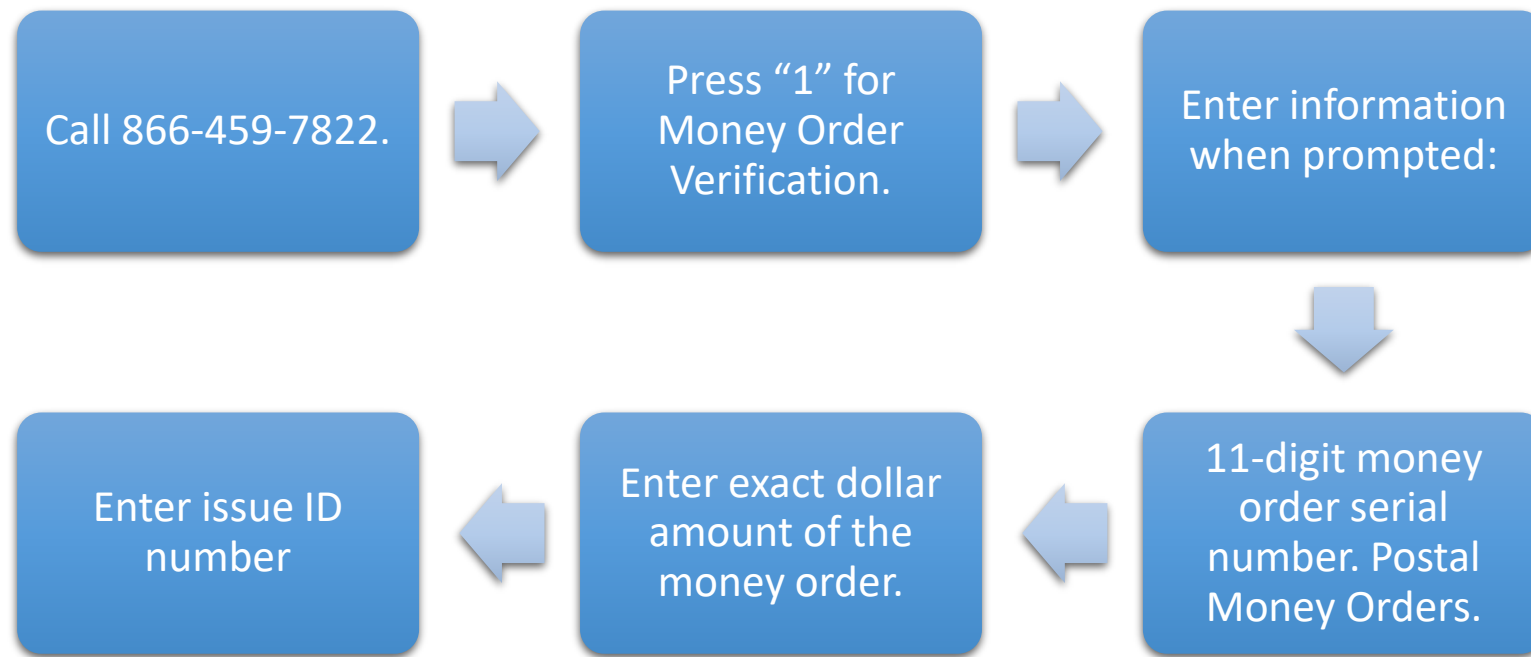
- Do not return the Money Order to customer.
- Politely excuse yourself.
- Notify your supervisor.



[Click image to view Pub 348](#)

Money Order Verification System

Interactive voice response (IVR) system for deterring fraud.



- If money order issued in last 90 days is at least 48 hours old, IVR should reply “match” if valid issue.
- If issuing unit(s) PS Form 1412 data has not updated in system, a non-match reply results.

International Wire Transfer (Dinero Seguro[®])

- Money-by-wire transfer service and extension of Money Order service.
- Customers may send up to \$1,500 a day to participating countries from select RSS offices.
- No charges when money is received.
- Participating countries have convenient payout locations.
- Conversion rates provided at the time of purchase.



Gift Cards

- Gift cards offer simple way to gift.
- No fees after purchase.
- Gift cards do not expire.
- Can purchase fixed or variable amount gift cards with cash or debit card.
- \$500 limit per day.
- Provide card once activated.

Amount	Fee
Fixed - \$25	\$3.95
Fixed - \$50	\$4.95
Variable – Between \$25 and \$100	\$5.95



Greeting Cards

- Provide affordable, branded items to customers as convenient, value-added service.
- Offer convenience of shopping and mailing in one place.
- Keep displays fully stocked.



ReadyPost

- Designed to increase revenue and provide customer convenience.
- Flexible merchandising strategy for different sized offices.



Counter Activity



1. Place the item on the scale.
2. Scan USPS[®] packaging barcode if available or select Mailing/Shipping.
3. If prompted, select Yes or No to the flat-rate packaging question.
4. Type the ZIP Code[™] and press the Enter on the keyboard.
5. Select a Priority Mail Express[®] (PME) Service option.
6. Select Yes or No if the destination is a PO Box[™].
7. Highlight the desired delivery option, and touch Select.
8. Select any additional Extra Services desired.
9. Select Continue.
10. Enter street address.
11. Scan PME label barcode.
12. Select payment type.
13. Select print labels.
14. Select Pay and End Visit.
15. Tender payment.